

## Town of Newstead

5 Clarence Ctr Rd.  
Akron, NY 14001  
Tel: (716) 542-4574  
Fax: (716) 542-3702  
E-mail:

[dmiller@townofnewstead.com](mailto:dmiller@townofnewstead.com)

Web Site:  
[www.erie.gov/newstead](http://www.erie.gov/newstead)

## Building Permit Application



SBL#

for office use only

### PERMIT NUMBER

- ☐ Plans (2 sets)
- ☐ Survey
- ☐ General Liability
- ☐ Worker's Comp
- ☐ Disability
- OR**
- ☐ Homeowner Affidavit

NAME OF OWNER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

\*Please check all boxes that apply to your project

New Structure\* Res ☐ Comm ☐ Addition\* Res ☐ Comm ☐ Pole Barn ☐  
Alteration\* Res ☐ Comm ☐ Conversion\* Res ☐ Comm ☐ Deck ☐  
Other: \_\_\_\_\_ Shed > 144sf+ ☐

COST OF PROJECT:

\$

Project Property Address: \_\_\_\_\_

If this is a residential structure, is it pre-1978 construction? ☐ Yes ☐ No

If so, is lead present? ☐ Yes ☐ No

Description of Proposal: \_\_\_\_\_

Dimensions of Project: \_\_\_\_\_ x \_\_\_\_\_

Parcel width: \_\_\_\_\_ Parcel depth: \_\_\_\_\_

Area: \_\_\_\_\_ square feet

Is parcel in a flood plain? ☐ Yes ☐ No or Wetland ☐ Yes ☐ No

Property Zoning District: \_\_\_\_\_

Property Class: \_\_\_\_\_

Occupancy Class: \_\_\_\_\_

Electrical Work to be done? ☐ Yes ☐ No (Electrical must be inspected by Commonwealth or Empire)

### FOR OFFICE USE ONLY:

PERMIT FEE:

\$

### Approvals:

☐ Town Board Date: \_\_\_\_\_  
☐ Zoning Board of Appeals Variance Date: \_\_\_\_\_

Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit \_\_\_\_\_  
(Check payable to "Town of Newstead")

### Building Inspector:

☐ Approved ☐ Disapproved

Permit Issued on: \_\_\_\_\_  
(Work must commence within 6 months)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
David Miller

Permit Expires in 12 months: \_\_\_\_\_

Permit Renewal approved by Code Enforcement Officer  
(Renewal Subject to NYS Code Changes)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
David Miller

Permit Renewal Expires in 6 months: \_\_\_\_\_

TOWN CLERK STAMP CASH OR CREDIT

COMPLETE APPLICATION ON REVERSE SIDE

**CONTRACTOR INFORMATION:**

Contractor/Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contractor Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contractor E-mail Address: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Architect Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Architect Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Architect E-mail Address: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

**Certification of Statements:****NOTE: Commencement of construction shall not begin until this application is approved and signed by the Building Inspector**

The applicant(s) hereby affirm that the above information is accurate and complete to the best of their knowledge and he/she /they is/are the title owner(s) of the property or has/have been authorized by the title owner(s) to make this application.

I/We hereby certify that I/we are title owner(s) of the property identified in the above application that the applicant(s) named is/are authorized to make the application described herein.

\_\_\_\_\_  
**Applicant Signature**\_\_\_\_\_  
**Date**\_\_\_\_\_  
**Applicant Name Printed/Typed**\_\_\_\_\_  
**Owner Signature**\_\_\_\_\_  
**Date**\_\_\_\_\_  
**Owner Name Printed/Typed****COMPLETE THE INFORMATION THAT PERTAINS TO THIS PROJECT****RESIDENTIAL BUILDING STYLE:**

\_\_\_\_ranch      \_\_\_\_raised ranch  
 \_\_\_\_split level      \_\_\_\_cape cod  
 \_\_\_\_colonial      \_\_\_\_contemporary  
 \_\_\_\_mansion      \_\_\_\_cottage  
 \_\_\_\_log cabin      \_\_\_\_duplex  
 \_\_\_\_old style      \_\_\_\_other \_\_\_\_\_

**EXTERIOR WALL MATERIAL:**

\_\_\_\_Wood      \_\_\_\_Stucco  
 \_\_\_\_Brick      \_\_\_\_Stone  
 \_\_\_\_Aluminum/Vinyl  
 \_\_\_\_Composition  
 \_\_\_\_Concrete

**HEATING TYPE/MECHANICAL**

Central Air ☐ Yes ☐ No \_\_\_\_Fireplace  
 \_\_\_\_Hot Air      wood ☐ gas ☐  
 \_\_\_\_Hot Water/Steam      \_\_\_\_Elevator  
 \_\_\_\_Electric      \_\_\_\_Alarm  
 \_\_\_\_Other: \_\_\_\_\_ \_\_\_\_Sprinkler \_\_\_\_%  
 Back-up Emergency Power ☐ Yes ☐ No

**NUMBER OF BATHS:** # \_\_\_\_ Full  
 # \_\_\_\_ Half

**NUMBER OF BEDROOMS:** # \_\_\_\_

**FUEL TYPE:**

\_\_\_\_Oil \_\_\_\_Electric \_\_\_\_Wood  
 \_\_\_\_None \_\_\_\_Solar \_\_\_\_Coal  
 \_\_\_\_Gas/Propane \_\_\_\_Natural \_\_\_\_

**BASEMENT/FOUNDATION**

\_\_\_\_Pier/Slab      \_\_\_\_Partial      \_\_\_\_Full  
 \_\_\_\_Crawl      Ceiling Height \_\_\_\_\_  
 Finished Basement ☐ Yes ☐ No

**PORCH TYPES:**

\_\_\_\_Open      \_\_\_\_Covered  
 \_\_\_\_Screened      \_\_\_\_Enclosed  
 \_\_\_\_Upper      \_\_\_\_Lower  
**LEAN TO:** \_\_\_\_roof only \_\_\_\_with slab

**BARN # Stories** \_\_\_\_

\_\_\_\_Pole      \_\_\_\_Horse  
 \_\_\_\_General      \_\_\_\_Farming

**SHED size** \_\_\_\_x\_\_\_\_

\_\_\_\_Wood      \_\_\_\_Metal

**GARAGE # Stories** \_\_\_\_

\_\_\_\_Attached      \_\_\_\_Detached

**OUTDOOR KITCHEN**

☐ Yes ☐ No

**FLOOR TYPE**

\_\_\_\_Gravel  
 \_\_\_\_Concrete  
 \_\_\_\_Dirt  
 \_\_\_\_Wood

**CALL BEFORE YOU DIG****UFPO**

**1-800-962-7962 or dial 811  
 for utility stakeout locations**

**NOTICE TO BUILDING PERMIT APPLICANTS**

**An asbestos survey is required for all renovation, remodeling, repair and demolition of all interior and exterior building materials per NYS Industrial Code Rule 56. For further information, please see the NYS website at [www.labor.ny.gov](http://www.labor.ny.gov)**